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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**Docket Number (Optional)  
62698.000010

In re Application of: Prakash KADKADE

Application Number: 10/015,939 Filed: December 17, 2001

For: CRYOPRESERVATION OF PLANT CELLS

Art Unit  
1651      Examiner  
Deborah H. Ware

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

|   |                  |
|---|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$ _____         |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$ <u>430.00</u> |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$ _____         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$ _____         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.     |                  |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |                  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                  |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0206</u> . |                  |

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

|   |
|---|
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input type="checkbox"/> attorney or agent of record. Registration No. _____  |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).   |

Registration number if acting under 37 CFR 1.34(a). 51,914.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

October 13, 2004

Date

(202) 955-1500

Telephone Number

Signature

Robert C. Lampe, III

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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|  <p><b>FEE TRANSMITTAL</b></p> <p>OCT 13 2004</p> <p>MAIL STOP</p>   |                | <i>Complete If Known</i>  |                                       |              |                  |                                 |        |
|---|----------------|---|---------------------------------------|--------------|------------------|---------------------------------|--------|
|   |                | Application No.   | 10/015,939                            |              |                  |                                 |        |
|   |                | Filing Date   | December 17, 2001                     |              |                  |                                 |        |
|   |                | First Named Inventor  | Prakash KADKADE                       |              |                  |                                 |        |
|   |                | Examiner Name   | Deborah H. Ware                       |              |                  |                                 |        |
|   |                | Group Art Unit  | 1651                                  |              |                  |                                 |        |
| Total Amount Of Payment   | (\$ 430.00)    | Attorney Docket No.   | 2933                                  |              |                  |                                 |        |
| <b>METHOD OF PAYMENT (check one)</b>  |                | <b>FEES CALCULATION (continued)</b>   |                                       |              |                  |                                 |        |
| 1. <input type="checkbox"/> The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to <b>Deposit Account No. 50-0206</b> in the name of Hunton & Williams LLP. |                | 3. <b>ADDITIONAL FEES</b>   |                                       |              |                  |                                 |        |
|   |                | Fee Description   | Fee Paid                              |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Surcharge - late filing fee or oath                                      | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet                   | \$                                    |              |                  |                                 |        |
|   |                | <input checked="" type="checkbox"/> Two-Month Extension of Time                                   | \$ 430.00                             |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Notice of Appeal   | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Filing Brief in Support of Appeal  | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Request for Oral Hearing   | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Design Issue Fee   | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Plant Issue Fee  | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Petition to Commissioner   | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Petition to Revive (Unavoidable)   | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Petition to Revive (Unintentional)                                       | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Petitions Related to Provisional Applications                            | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Submission of Information Disclosure Statement                           | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Filing Submission After Final Rejection                                  | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Recording Each Patent Assignment Per Property                            | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Filing Request for Reexamination   | \$                                    |              |                  |                                 |        |
|   |                | <input type="checkbox"/> Other (specify) _____  | \$                                    |              |                  |                                 |        |
| <b>FEES CALCULATION</b>   |                |   |                                       |              |                  |                                 |        |
| 1. <b>BASIC FILING FEE</b>  |                | <input type="checkbox"/> Large Entity   | <input type="checkbox"/> Small Entity |              |                  |                                 |        |
|   |                | <b>Fee Paid</b>   |                                       |              |                  |                                 |        |
| Utility Filing Fee  |                | \$  |                                       |              |                  |                                 |        |
| Design Filing Fee   |                | \$  |                                       |              |                  |                                 |        |
| Plant Filing Fee  |                | \$  |                                       |              |                  |                                 |        |
| Reissue Filing Fee  |                | \$  |                                       |              |                  |                                 |        |
| Provisional Filing Fee  |                | \$  |                                       |              |                  |                                 |        |
| 2. <b>EXTRA CLAIMS FEES</b>   |                |   |                                       |              |                  |                                 |        |
| <b>CLAIMS AS AMENDED</b>  |                |   |                                       |              |                  |                                 |        |
| For   | Number Present | Highest Number Paid For   | Extra                                 | Rate         |                  | Amount                          |        |
|   |                |   |                                       | Large Entity | Small Entity     |                                 |        |
| TOTAL CLAIMS  |                | 20  | 0                                     | x \$ 18.00   | x \$ 9.00        | \$ 0.00                         |        |
| INDEPENDENT CLAIMS  |                | 3   | 0                                     | x \$ 86.00   | x \$ 43.00       | \$ 0.00                         |        |
| MULTIPLE DEPENDENT CLAIMS   |                |   |                                       | \$ 290.00    | \$ 145.00        | \$ 0.00                         |        |
| <b>TOTAL EXTRA CLAIMS FEES</b>  |                |   |                                       |              |                  | \$ 0.00                         |        |
| SUBMITTED BY  |                |   |                                       |              |                  | <i>Complete (if applicable)</i> |        |
| Typed or Printed Name   |                | Robert C. Lampe, III  |                                       |              |                  | Registration No.                | 51,914 |
| Signature   |                |                |                                       | Date         | October 13, 2004 |                                 |        |